



IDAHO DEPARTMENT OF CORRECTION

BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS

PURPOSE

As a law enforcement agency, the Idaho Dept of Correction (IDOC) screens all applicants for suitability to the position requested and conducts a criminal background check prior to an offer of employment.

Your completion of this Background Investigation Questionnaires (BIQ) form is required to conduct this screening and to obtain sufficient information to conduct the criminal background check. This applies to:

- All applicants for any position in the Dept of Correction – full time, part-time, or temporary;
- All staff employed by private contractors or vendors that performs work at, or frequents the IDOC facilities, including private employment agency staff, and private prison (ICC) security applicants;
- Certain visitors or volunteers that frequent IDOC facilities on a continuing basis;
- POST Academy attendees (Correctional Officer, Food Service Officer or Probation & Parole Officer including selected treatment staff); and
- All POST Academy graduates applying for certification or IDOC staff challenging for certification.

CONFIDENTIALITY

The information you provide is confidential to the extent of what the law allows. The IDOC will only share this information on a need-to-know basis with your appointing authority, IDOC division chiefs, POST, and/or authorized agents of the IDOC. Upon your selection, this questionnaire and other information gathered during the background investigation will be placed in your personnel file in a confidential section. Access is restricted according to IDOC policy provisions governing personnel records. For non-selected applicants, this background form is temporarily retained for 30 days and then destroyed. Should you re-apply for any position after 30 days, a new BIQ form will be required.

IMPORTANT INFORMATION TO COMPLETE THIS FORM

This background questionnaire must be completed in full. Do not leave any questions blank. Please **print** legibly. Answer each question. Write "N/A" if the question does not apply to you. Your answers must be **accurate, complete, and detailed**; otherwise you may be disqualified from employment. Write on the backside of this form if there is insufficient space. Answering honestly is to your advantage. We do employ individuals with a less than a perfect past, but we need to know what that past is and its potential impact to the department should you be hired. Past illegal drug use, criminal convictions, or other legal sanctions may or may not disqualify you from employment consideration. However, any purposely made discrepancies, misstatements, omissions and/or falsifications will disqualify you from employment consideration, or may result in your dismissal from employment with IDOC.

A FBI criminal record investigation will be conducted on all new applicants including fingerprinting.

You may be asked to begin employment prior to the results of the background investigation and fingerprinting. Continued employment depends on the successful completion of this investigation. If any information is discovered that disqualifies you from continued employment, you will be asked to resign immediately from IDOC employment.

QUESTIONS? Please contact the IDOC's Human Resource Services at (208) 658-2027.

IDAHO DEPARTMENT OF CORRECTION
AUTHORIZATION TO RELEASE INFORMATION

As an applicant for employment with the Idaho Department of Correction (IDOC), I understand that I am providing personal and employment history information to determine my qualifications and suitability for employment with the IDOC, or for enrolling in the Idaho Peace Officer Standards and Training (POST) Academy, if requested.

I understand that I am voluntarily providing personal information such as my name, race, height, weight, gender, date of birth, place of birth, driver's license number, and social security number to assist in conducting a criminal background check. By not providing the required information, I am voluntarily suspending, terminating, or forfeiting my opportunity for employment.

I hereby authorize any representative of the IDOC or POST academy agent bearing this release, or copy of this release, within one (1) year of its date, to obtain any or all records and information concerning myself regardless of whether the records and information are of a confidential nature. The release of files/records and information may include, but are not limited to, arrest records, training files, criminal files, employment records, personnel files, disciplinary records and/or performance evaluations.

I understand that any information obtained in a personal and employment history background investigation will be considered in determining my qualifications and suitability for employment with IDOC. I also understand that any person, partnership, association, organization, or government agency, including their employees who provide information concerning me, will not be liable for providing accurate records or information.

Therefore, I release all persons and parties from all claims, damages, and liabilities that may result from providing the information requested by an authorized agent from IDOC.

Applicant/Employee:

Print full name: _____

Sign full name: _____

Social Security number: _____

Position applying for: _____

Current Residence Address _____

Home Telephone Number _____

Date: ____/____/____

Witness – Full Name & Signature _____



IDAHO DEPARTMENT OF CORRECTION

BACKGROUND INVESTIGATION QUESTIONNAIRE

Please read and answer all questions below. Please print. Be accurate and complete.
All answers are subject to verification. Use **black** or **blue** ink.

POSITION APPLYING FOR:				DATE:	
Personal Information				<i>IDOC USE ONLY</i> POST PACKET REQ'd Yes No POST MEDICAL REQ'd Yes No	
Please PRINT or TYPE your full legal name:					
Last		First		Middle	
Primary E-mail Address			Secondary E-mail Address		
List OTHER names: ie; nicknames, and when applicable, maiden name that you are using or have used or been known by in the past. Also, please list the time periods that the names were used:					
OTHER NAME(s) USED (Last, First, Middle name) Nicknames, AKA's, Maiden Name (if applicable)				From Mo./Yr.	To Mo./Yr.
1.					
2.					
3.					
List your CURRENT home address:					
Address			City	State	Zip Code
Please list to the right, your home phone number and an alternate number for messages.		Home: ()		Message: () <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Other	
List your mailing address or other point of contact if it is different from your home address:					
Mailing Address			City	State	Zip Code
Please answer the following questions regarding your citizenship:					
Yes No <input type="checkbox"/> <input type="checkbox"/> Are you a citizen of the United States? If NO, answer the next questions. Yes No <input type="checkbox"/> <input type="checkbox"/> Are you a permanent resident alien who is eligible for and has applied for citizenship? Yes No <input type="checkbox"/> <input type="checkbox"/> Have you obtained permission from INS (Immigration and Nationalization Service) to work in the United States?					
The personal information you provide below is required for verification in conducting the criminal background check:					
Date of Birth		Place of Birth		Current Driver's License Number and State of Issuance	
Mo.	Day	Year	City	State	DL#
					State
Height		Weight		Hair Color	Eye Color
Gender		Race (Check Below)			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please Define):			

Former Residences – Last 10 Years

Please list your residences for the past 10 years. Begin with your current residence and list backward in chronological order. There should not be any gaps in residency dates. If necessary, use the back of this page.

Address	City	State	From Mo./Yr.	To Mo./Yr.

Education

- ☐ I completed high school. (POST attendees will need to provide a copy of their HS certificate.)
☐ I did not complete high school.
☐ I passed the G.E.D. (General Educational Development) test: _____

Mo./Yr. Obtained City/State Obtained

Beginning with high school, list below all the higher education schools that you have attended:

Name of School	Location of School (City and State)	From Mo./Yr.	To Mo./Yr.	Major	Credits Earned	Degree Earned

Training

Please list below other formal "training" courses that you have completed and/or vocational schools that you have attended. Examples are: accounting, auto body repair, bookkeeping, business, computer programming, corrections, criminal justice, deviant behavior, drug/alcohol counseling, law enforcement, photography, POST, social services, software programming, etc.

Name of School/Training/Course	Location of School/Training (City and State)	From Mo./Yr.	To Mo./Yr.

Qualifications

In your opinion, what training, education, and/or experience qualify you for employment with IDOC? Please summarize below:

Licensing/Certification

Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently hold, or have you ever possessed a professional license or certification?		
Name of License or Certification	State of Issuance	Date Issued	Date Expired
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a professional licensing or certification board ever disciplined you, or have you had your license or certification revoked?		
Date Revoked	If revoked, please explain the reason for revocation		

Military

Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you actively served in the regular or full-time Armed Forces of the United States? (excluding Active Duty for Training - ADT)			
Branch of Service	Date of Entry	Date of Discharge	Type of Discharge	Rank, Grade, or Rate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently a member of the Reserves or National Guard ?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you previously been a member of the Reserves or National Guard ?			
NG/Reserve Branch				
<input type="checkbox"/> I am still an active member of the Reserves or the National Guard. <input type="checkbox"/> I am currently discharged from the National Guard or Reserves. <input type="checkbox"/> I am retired from the National Guard or Reserves.				
If currently active, list your unit and location				

Employment History – 10 Years

Beginning with your most recent employment, chronologically list your past **10 years** of employment. List all periods of time you were unemployed (mark the box) and state what you were doing during that time. You must account for all time during the past 10 years.

PERSONAL REASONS for leaving employment requires your explanation and specific reasons. Please list in the Reason for Leaving box. Please use the back of this page should you require more space.

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()

☐ Full-time
 ☐ Part-time
 ☐ Volunteer
 ☐ Seasonal
 ☐ Unemployed
 ☐ Student
☐ Military
☐ Other

Job Title:	Job Duties:
------------	-------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()

☐ Full-time
 ☐ Part-time
 ☐ Volunteer
 ☐ Seasonal
 ☐ Unemployed
☐ Military
☐ Student
☐ Other

Job Title:	Job Duties:
------------	-------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()

☐ Full-time
 ☐ Part-time
 ☐ Volunteer
 ☐ Seasonal
 ☐ Unemployed
☐ Military
☐ Student
☐ Other

Job Title:	Job Duties
------------	------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			()
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Use the reverse side of this form if needing more space.

Terminations

Yes No		
<input type="checkbox"/> <input type="checkbox"/> Have you ever been terminated or fired from employment?		
If you answered "yes" to the question above, please provide an explanation below:		
Mo./Yr.	Name of Employer	Please provide a detailed explanation regarding the termination:

Law Enforcement Employment

Yes No				
<input type="checkbox"/> <input type="checkbox"/> Have you been previously employed with the Idaho Department of Correction?				
Yes No				
<input type="checkbox"/> <input type="checkbox"/> Have you been employed by another law enforcement agency (corrections, police, sheriff, etc.)?				
If you answered "yes" to any of the questions above, please complete the requested information below:				
Job Title	Employer	Address	From Mo./Yr.	To Mo./Yr.

Illegal Drug Usage

Yes No			
<input type="checkbox"/> <input type="checkbox"/> Have you ever tried and/or experimented with any type of an illegal drug or narcotic?			
Yes No			
<input type="checkbox"/> <input type="checkbox"/> Have you ever bought, sold, or otherwise distributed an illegal drug or narcotic?			
Yes No			
<input type="checkbox"/> <input type="checkbox"/> Do you currently use any illegal drugs, narcotics, or pills that are prohibited by the Uniform Controlled Substances Act?			
Yes answers need to be explained below. Indicate type and explain in the next section.			
Indicate below with an "X" to all of the drugs that you have experimented with, tried, or are currently using from the below list. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling or injecting.			
<input type="checkbox"/> Acid	<input type="checkbox"/> Crystal	<input type="checkbox"/> Mescaline	<input type="checkbox"/> Steroids
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Downers	<input type="checkbox"/> Methamphetamin	<input type="checkbox"/> Uppers
<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Whites
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Glue	<input type="checkbox"/> Opium	<input type="checkbox"/> OTHER(S) list below:
<input type="checkbox"/> Bennies	<input type="checkbox"/> Hashish	<input type="checkbox"/> PCP	<input type="checkbox"/>
<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Hashish Oil	<input type="checkbox"/> Peyote	<input type="checkbox"/>
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Reds	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/> Ice	<input type="checkbox"/> Rock	<input type="checkbox"/>
<input type="checkbox"/> Crank	<input type="checkbox"/> LSD	<input type="checkbox"/> Shrooms	<input type="checkbox"/>
<input type="checkbox"/> Cross tops	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Speed	<input type="checkbox"/>

Illegal substances marked above need to be explained below. Use the backside if more space is needed.				
Type of Drug or Narcotic	First Used Mo./Yr.	Last Used Mo./Yr.	Total # of Times Used in Lifetime:	Brief Explanation: Please include if you used, bought, or sold the drug or narcotic.

Arrests/Convictions

REMINDER: If you fail to list all your criminal matters, you risk disqualification

CRIMINAL HISTORY: Please Read A criminal record in itself does not necessarily disqualify you from employment. However, omitting or falsifying information is reason for disqualification or termination once employed. You **MUST** list all charges, convictions, and dispositions regardless of when they occurred or even if you were told they are expunged or were dismissed. Include any court appearances, misdemeanors, and expunged or dismissed records. Include ALL encounters involving DUIs, domestic violence, or use of weapons.

FELONY OFFENSES

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, or charged by federal, state or other law enforcement authorities of a **FELONY** offense regardless of whether the charge was dropped, dismissed, plea bargained, or you were found not guilty?

Yes No

☐ ☐ Have you ever been **convicted** of a crime that is a **FELONY** under the laws of the State of Idaho, United States, or other states and/or countries?

MISDEMEANOR OFFENSE

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, or charged by any law enforcement authority of a **MISDEMEANOR** offense, even if the charge was dropped, dismissed, plea bargained, or you were found not guilty? This includes DUIs, domestic violence, or violence involving a weapon?

Yes No

☐ ☐ Have you ever been **convicted** of any **MISDEMEANOR**?

ALCOHOL OR DRUG RELATED OFFENSE (INCLUDING DUIs)

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, charged, convicted, or issued a traffic citation by federal, state, or other law enforcement authorities of any **crime related to alcohol or drugs**, including any **DUI** or **DWI**, even if the charge was dropped, dismissed, plea bargained, or you were found not guilty?

CHILD OFFENSES

Yes No

☐ ☐ Have you ever been investigated, arrested, cited, held detained, charged or convicted by Department of Human Services, federal, state, or other law enforcement authorities of child offenses (molestation, abuse, neglect) even if the charge were dropped, dismissed, plea bargained, or you were found not guilty?

WITHHELD JUDGEMENTS

Yes No

☐ ☐ Have you ever had a *withheld judgment* to a **FELONY**, **MISDEMEANOR**, or a **DUI**?

If you answered "YES" to any of the questions listed on the previous page, please list any and all felony's misdemeanors, and withheld judgments (regardless of how long ago they occurred) including but not limited to: forfeiture of bail, payment of a fine, pleas of guilty, nolo contendere, or a finding of guilt regardless of whether the imposition of a sentence is deferred, withheld, or the penalty suspended. Please list all court actions against you, even if you were told that they would not be recorded.

Exclude TRAFFIC CHARGES unless it resulted in a Felony, Misdemeanor, or a DUI charge or conviction.

Date Mo./Yr.	List the CHARGE and the degree of the charge	WHERE? City/State/County	Name of Law Enforcement Dept.	What was the Disposition/Outcome? (charged, convicted, dismissed, fine, jail, probation, prison?)

Explain the circumstances of each charge listed above in this box here and the outcome including fines/time served, community service and length, dismissal, and reasons, etc. Use reverse page if necessary.

Other Arrests or Convictions

In addition, please provide any other **arrests** or **convictions** and a brief explanation for each incident. If necessary, please use the back of this page:

Traffic Infractions – Last 8 Years

For traffic infractions, please list DATE of infraction, CHARGE type, DEGREE of infraction such as a misdemeanor, felony or withheld judgments, the DISPOSITION such as: pleas of guilty, payment of a fine, bail, forfeiture of bail, nolo contendere, withheld judgment or the penalty suspended, etc. Add the POLICE agency and where located.

Date	Charged with	Degree of Infraction	Disposition	Police Agency	City / State

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? ☐ YES ☐ NO If YES, please explain below.

Approximate Date	Police Agency	Charge (Please attach written explanation.)

Relatives, Friends, and Acquaintances in the System

DISCLOSURE: To ensure public safety is maintained at its highest level, applicants having friends, acquaintances, and/or relatives (by marriage as well), or knowing anyone currently or previously in the custody of a county facility or state correctional institution, are required to disclose these relationships at the beginning of their employment as well as during employment, when applicable.

OFFENDERS: If you have relatives, friends, acquaintances, etc. currently or previously under federal, state, or county jurisdiction (i.e., prison, work release, probation), you will need to answer all requested information in the blocks below.

FUTURE CHANGES: Relatives, friends, acquaintances, etc. coming into or leaving the Idaho penal system will also need to be immediately disclosed.

Yes No

☐ ☐ Do you know anyone who (1) is currently incarcerated, (2) has been incarcerated in any county facility, state institution, federal prison, or (3) is currently or was previously on probation or parole? (**Note:** This includes, but is not limited to, relatives such as a child, parent, brother, sister, grandparent, aunt, uncle, niece, first cousin, fiancé, legal spouse, common-law spouse, "significant other", friends, acquaintances, someone with whom you had a previous relationship, your in-laws, and/or relatives related to your "significant other.")

Be specific and answer all blocks. Use backside of this form should you need more space.

Name of Relative/Friend First mi LAST	Name of Institution/ or Name of Probation Officer	City/State	Dates of Incarceration		Crime	Relationship to You
			From Mo./Yr.	From Mo./Yr.		

YES answers will require you to:

- (1) Complete the questions on the next page for **each** person identified, and,
- (2) Sign & complete HRS 211 **Form O** (see last page of this form) requiring you to report any changes to this list.

Relatives, Friends, Acquaintances, Etc.

Please describe the type of relationship you have with this individual(s). Be specific.

How long has it been since you had personal contact with this individual(s)? Explain in terms of time.

Do you currently visit or have contact with this individual(s) on a regular basis? ____Yes ____No Explain.
(Close? Very Close? Weekly? Monthly? Several times a years? Once a year? Over 3 years? Over 5 years or more?)

Is this individual(s) someone you have never met or haven't seen in years? Explain here.

Explain how your employment with the Department would not be disruptive or negatively impacted because of your association with this individual(s).

Please use the back of this page if more space is need.

Additional Information

Is there any additional information that you would like to share concerning your character, honesty, and integrity? Please use the space below to comment.

Source

How did you find out about applying for employment with the Dept of Correction?

- ☐ Division of Human Resources ☐ Friend ☐ Internet ☐ Job Fair
- ☐ Job Service ☐ Radio ☐ Television ☐ Job Announcement
- ☐ Other _____

CERTIFICATION OF BACKGROUND ANSWERS

Please read and sign below.

Department's Statement

The statements and answers that you provided in this background questionnaire are subject to verification. Any discrepancies, misstatements, omissions, and/or falsifications that you made, may disqualify you from consideration for employment, or may result in your dismissal from employment with the Idaho Department of Correction (IDOC).

Applicant/Employee Statement of Understanding

I voluntarily agreed to provide this completed background questionnaire for the purpose of conducting a background check prior to a conditional offer of employment.

I understand that the background questionnaire must be fully completed and no information left out. If the form is partially completed, I may not be considered for employment.

Applicant/Employee Statement of Certification

I certify that all of my answers in this questionnaire are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will subject me to disqualification from employment, disciplinary actions during my employment, and/or dismissal from employment with IDOC.

Applicant/Employee Signature:

Print full name: _____

Sign full name: _____

Social Security number: _____

Position applying for: _____

Date: ____ / ____ / ____

IDAHO DEPARTMENT OF CORRECTION
Relative, Friend, Acquaintance, Etc. Agreement

Date:

To: IDOC HUMAN RESOURCE SERVICES w/ Background Form

From:

RE: CONDITION OF EMPLOYMENT – Relative, Friend, Acquaintance in the System

List of individual(s) under federal, state, and count jurisdiction that are related, friends, or currently/previously acquainted.

I understand that there could be significant safety and security concerns while working in a prison institution, probation office, community work center, or even at the Central Office if I have friends, acquaintances, relatives, etc. who are currently or previously under the supervision of a federal, state, or count agency. As a condition of my continued employment with the department, I agree not to initiate any type of contact with these individuals without written and specific approval. If this individual(s) contacts me by any means, I will decline to dialogue and will report this to my warden or manager immediately.

To maintain my viability as a correctional employee, I understand that I will need to keep my relationship strictly professional with current offenders and released offenders and not compromise or appear to compromise my position and credibility while employed with the department. If, during my career, any new relative, friend, or acquaintance come under supervision of a federal, state, or count law enforcement agency, I am required to report this situation to my superiors.

Should, for any reason my friend, relative be transferred to the institution where I am currently employed, or if I transfer to another work location where they are located, I will immediately report this to my superiors (or designee). I understand that this presents a new security situation that must be resolved to the department's satisfaction.

Employee Name (Print)

Employee Signature

Date

IDOC Authority Signature

Institution or Work Unit

Date